

HOW COORDINATION OF BENEFITS AND DIRECT PRESCRIPTION CLAIMS PAY

COORDINATION OF BENEFITS

When a member's dependent has other prescription coverage through an employer or former employer, the dependent will use the primary coverage at the pharmacy to fill all prescriptions. If there is a balance that the primary coverage does not pay, the member may submit a Coordination of Benefits/Direct Claim form available at www.ben.omb.delaware.gov/script. *This form must be submitted to Express Scripts within 12 months of the date the prescription was purchased.*

Members covered as secondary on the State's prescription coverage will receive reimbursement for the lesser of the amount submitted or the State maximum payment. Secondary claims will not be reimbursed for more than the amount that would be paid for a primary claim. Please see the examples below:

Example #1 – Primary Plan Has Deductible Not Met or Primary Plan Excludes Specific Medications	Example #2 – Primary plan pays less than the State maximum allowable less the State copay	Example #3 – Primary plan pays more than the State maximum allowable less the State copay
Pharmacy charge \$ 100.00 Primary plan paid 0.00 Primary copay paid 0.00 Claim amount 100.00 Maximum State allowable 92.00 (less) State copay (17.00) State maximum payment \$75.00 Reimbursement \$75.00	Pharmacy charge \$ 60.00 Primary plan paid 45.00 Primary copay paid 15.00 Claim amount 15.00 Maximum State allowable 53.00 (less) State copay (20.00) State maximum payment \$33.00 Reimbursement \$15.00	Pharmacy charge \$ 17.00 Primary plan paid 9.00 Primary copay paid 8.00 Claim amount 8.00 Maximum State allowable 6.95 (less) State copay *(6.95) State maximum payment \$0.00 Reimbursement \$0.00

Notes:

(1) The Maximum State allowable is the amount the State pays the pharmacy for the prescription.

(2) The State copay is the amount paid for the prescription by members covered as primary on the State of Delaware plan.

(3) If the State maximum allowable is less than the State copay, the State primary member pays only the lesser amount.

*** In this example, the State copay would have been \$8.50, but the medication cost only \$6.95. Therefore, the member would pay the full cost of the medication and the State payment would be \$0.00.**

DIRECT CLAIMS

These may be submitted to Express Scripts (Medco) when the State of Delaware is primary for prescription coverage, but the member does not use the Medco card or the pharmacy is not an Express Scripts participating pharmacy. Direct claims are subject to plan rules, including the following:

(1) The claim will be paid only up to the Maximum State allowable (the amount the State pays a participating pharmacy for the prescription).

(2) The claim must be submitted to Medco within 12 months of the date of purchase.